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HOW TO
READ YOUR

Medicare Summary Notice

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Medicare Part B



The Explanation of your Medicare

Part B Benefits (EOMB) notice has

been replaced by a newly designed Medicare Summary Notice (MSN). Remember that the MSN is not a bill. **DO NOT** send money to Medicare or to the providers of service until you receive a bill.

CMS Library
C2-07-13
7500 Security Blvd.
Baltimore, Maryland 21244

HCF
MEDICARE • MEDICAID
Health Care Financing Administration



- 1 The Date the MSN was sent.
- 2 Refer to the **Customer Service Information** box if you have questions about your MSN. For all inquiries, include your Medicare number, the date of the notice, and the specific date of service you have questions about.

- 3 Your **Medicare Number** should match the number on your Medicare card.

- 4 If your **Name and Address** are incorrect on your MSN, please contact both the Medicare carrier shown on your MSN and the Social Security Administration immediately.

- 5 Read the **Help Stop Fraud** message for information on ways to protect yourself and Medicare against fraud and abuse.

- 6 **Part B Medical Insurance - Assigned Claims/ Unassigned Claims.** See the back of your MSN for an explanation of Medicare assignment.

- 7 **Dates of Service** shows when your doctor or supplier provided the service(s) listed. You may use these dates to compare with the dates shown on your doctor or supplier bill.

- 8 Each claim is assigned a **Claim Number**, which you may be asked to provide when calling regarding your MSN.

- 9 **Services Provided** is a brief description of the service or supply, the number of services and the service code.

- 10 **Amount Charged** is the charge submitted to Medicare by the provider of service(s).

- 11 **Medicare Approved** is the amount Medicare approved for the service(s) you received.

- 12 **Medicare Paid Provider.** In most situations, Medicare pays 80 percent of the approved amount after subtracting any unmet portion of the annual deductible. For unassigned



Medicare Summary Notice

June 16, 2009

CUSTOMER SERVICE INFORMATION

3 → Your Medicare Number: 111-11-1111A

If you have questions, write or call:

Medicare
555 Medicare Blvd.
Suite 200
Medicare Building
Medicare, US XXXXX-XXXX

Local: (XXX) XXX-XXXX
Toll-free: 1-800-XXX-XXXX
TTY for Hearing Impaired: 1-800-XXX-XXXX

BENEFICIARY NAME
STREET ADDRESS
CITY, STATE ZIP CODE

5 **HELP STOP FRAUD:** Protect your Medicare Number as you would a credit card number.

6 This is a summary of claims processed from 5/15/2000 through 6/15/2000.

PART B MEDICAL INSURANCE - ASSIGNED CLAIMS

7	8	9	10	11	12	13	14
Dates of Service	Services Provided	Amount Charged	Medicare Approved	Medicare Paid Provider	You May Be Billed	See Notes Section	
03/07/00	Claim number 12345-84956-84556 Susan Wilson, M.D., 123 Eastern Avenue, Jacksonville, FL 33231-0024	\$55.00	\$44.35	\$0.00	\$44.35	a b	

service(s), this column is titled **Medicare Paid You.**

- 13 **You May Be Billed.** This is the total amount the provider is allowed to bill you. It combines the deductible, the coinsurance and any non-covered charges. If you have supplemental insurance, it may pay all or part of this amount.

- 14 **See Notes Section.** If a letter appears in this column, refer to the Notes Section. Please see item 16 in this pamphlet.

- 15 **Provider's Name and Address.** More than one name may be shown. If you were treated by a clinic or group medical practice, the clinic or group name will be shown, followed by the name of the doctor who performed the service. If the service was ordered or referred by another doctor, the referring doctor's name may also be listed. The address shown is the billing address which may be different from where you received the service(s).

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Medicare Summary Notice

June 16, 2000

BENEFICIARY NAME
STREET ADDRESS
CITY, STATE ZIP CODE

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555 Medicare Blvd.
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Medicare Building
Medicare, US XXXXX-XXXX

Local: (XXX) XXX-XXXX
Toll-free: 1-800-XXX-XXXX
TTY for Hearing Impaired: 1-800-XXX-XXXX

This is a summary of claims processed from 5/15/2000 through 6/15/2000.

PART B MEDICAL INSURANCE - ASSIGNED CLAIMS

7 Dates of Service	8 Services Provided	9 Claim Number	10 Amount Charged	11 Medicare Approved	12 Medicare Paid Provider	13 You May Be Billed	14 See Notes Section
03/07/00	1 Office/Outpatient Visit, ES (99214)	12345-84956-84556 Susan Wilson, M.D., 123 Eastern Avenue, Jacksonville, FL 32231-0024	\$55.00	\$44.35	\$0.00	\$44.35	a b

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er(s). Send any questions regarding your benefits to them.
ur deductible.

ctible for 2000.

correct as shown on this notice.

e, you can request an appeal by **December 16, 2000.**

n why you disagree.

“Customer Service Information” box on Page 1.

Phone number (____)_____

information and how to get help with appeal requests.

Note: The Medicare Handbook provides more information about coverage and other services. For a free copy, call the Medicare contractor listed in the Customer Service box on your MSN.



**U.S. DEPARTMENT OF
HEALTH AND HUMAN SERVICES**
Health Care Financing Administration
Pub. No. 95137
HCFA ICN 004306
SSA ICN 004306